



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (United for Health)**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="184057.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="248872.31"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="80112.08"/>	<input type="text" value="410426.53"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="328984.39"/>	<input type="text" value="594484.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76000.00"/>	<input type="text" value="341500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="252984.39"/>	<input type="text" value="252984.39"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**UnitedHealth Group Incorporated PAC (United for Health)**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62402.12	278657.94
(ii) Unitemized .....	15009.96	67283.54
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	77412.08	345941.48
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	77412.08	345941.48
12. Transfers From Affiliated/Other Party Committees.....	0.00	54285.05
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	10000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	200.00	200.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	80112.08	410426.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	80112.08	410426.53

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72000.00	335500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	1300.00
29. Other Disbursements .....	4000.00	4700.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	76000.00	341500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76000.00	341500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	77412.08	345941.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1300.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	77412.08	344641.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. GEORGE DURKO</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2012 <b>Transaction ID : 34858701</b>
Mailing Address 7029 KINGSBURY BLVD		Amount of Each Receipt this Period 400.00
City UNIVERSITY CITY	State MO	Zip Code 63130
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 400.00
Name of Employer United HealthCare Services Inc	Occupation SB VP Sales and Account Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ANTHONY J KAZLAUSKAS</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR1159794628018</b>
Mailing Address 11 CARNIVAL TERRACE		Amount of Each Receipt this Period 60.00
City WEST WARWICK	State RI	Zip Code 02893
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Sr Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. CARLA M MUGGIO</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR1159798228018</b>
Mailing Address 3533 FAIR OAKS LANE		Amount of Each Receipt this Period 57.69
City LONGBOAT KEY	State FL	Zip Code 34228
FEC ID number of contributing federal political committee. C		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Network Contract Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	517.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. BRIAN R BELLOWS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 SHADOWOOD LANE  
 City TRUMBULL State CT Zip Code 06611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Dvlp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1159803828018**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. KEITH W NOBLITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 122 SOUTH OAK POINTE DR  
 City SENECA State SC Zip Code 29672  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SCE 3 - Natl Accts Individ Contr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1159805528018**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. JAMES S WATSON III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6520 SHENANDOAH DR  
 City LINCOLN State NE Zip Code 68510  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1159806028018**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. WAYNE F COOK**  
Full Name (Last, First, Middle Initial)

Mailing Address 1200 PEBBLE HILL ROAD

City DOYLESTOWN State PA Zip Code 18901

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR1159812828018**

Amount of Each Receipt this Period **180.00**

P/R Deduction (\$60.00 Bi-Weekly)

**B. DAVID S WICHMANN**  
Full Name (Last, First, Middle Initial)

Mailing Address 7000 ANTRIM ROAD

City EDINA State MN Zip Code 55439

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation EVP & Pres UHG Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2692.20**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR1159814728018**

Amount of Each Receipt this Period **576.90**

P/R Deduction (\$192.30 Bi-Weekly)

**C. PATRICK J ERLANDSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 OLD LONG LAKE ROAD

City WAYZATA State MN Zip Code 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Business Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2692.20**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR1159815928018**

Amount of Each Receipt this Period **576.90**

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1333.80</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PATRICIA R SAURO**  
Full Name (Last, First, Middle Initial)

Mailing Address 8943 HIDDEN MEADOW R

City State Zip Code  
WOODBURY MN 55125

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Business Segment CAO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2012**

**Transaction ID : PR1159816428018**

Amount of Each Receipt this Period  
**180.00**

P/R Deduction (\$60.00 Bi-Weekly)

**B. WILLIAM A MUNSELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2119 WINDSONG CIRCLE

City State Zip Code  
WAYZATA MN 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc EVP UnitedHealth Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2012**

**Transaction ID : PR1159816628018**

Amount of Each Receipt this Period  
**300.00**

P/R Deduction (\$100.00 Bi-Weekly)

**C. JOHN S PENSHORN**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 BLACK OAKS LANE

City State Zip Code  
WAYZATA MN 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc SVP UnitedHealth Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2692.20**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2012**

**Transaction ID : PR1159816928018**

Amount of Each Receipt this Period  
**576.90**

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1056.90</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. PAUL D KALLMEYER</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 468 HERALD DR		<b>Transaction ID : PR1159817428018</b>
City AMBLER	State PA	Zip Code 19002
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer United HealthCare Services Inc	Occupation Deputy General Counsel (Mgr)	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY F RYAN</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 4913 BRUCE AVE		<b>Transaction ID : PR1159817928018</b>
City EDINA	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 57.00	
Name of Employer United HealthCare Services Inc	Occupation Business Segment Gen Counsel	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS J QUIRK</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 4307 BEECHWOOD LANE		<b>Transaction ID : PR1159819128018</b>
City DALLAS	State TX	Zip Code 75220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	357.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. REED V TUCKSON M.D.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3501 ZENITH AVE SOUTH  
City MINNEAPOLIS State MN Zip Code 55416  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation EVP Consumr Health & Med Care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1615.32

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1159819828018**  
Amount of Each Receipt this Period 346.14  
P/R Deduction (\$115.38 Bi-Weekly)

**B. WILLIAM C TRACY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13016 CANTERBURY  
City LEAWOOD State KS Zip Code 66209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Health Plan CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 807.80

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1159821528018**  
Amount of Each Receipt this Period 173.10  
P/R Deduction (\$57.70 Bi-Weekly)

**C. RICHARD J MIGLIORI**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 72  
City WAYZATA State MN Zip Code 55391  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SVP Bus Initiatives & Clin Aff  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1159827428018**  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	819.24
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEANNINE M RIVET**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4305 TRILLIUM WAY

City MINNETRISTA	State MN	Zip Code 55364
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHealth Group
--	--------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2692.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1159830028018**

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**B. JACK E SHUFF**  
Full Name (Last, First, Middle Initial)  
Mailing Address 360 ASPEN LANE

City COVINGTON	State LA	Zip Code 70433
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SB RVP
--	----------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1159830528018**

Amount of Each Receipt this Period  
117.00

P/R Deduction (\$39.00 Bi-Weekly)

**C. JILL WINTERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16 SPOEDE LN

City SAINT LOUIS	State MO	Zip Code 63141
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Operations
--	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
756.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1159840428018**

Amount of Each Receipt this Period  
162.00

P/R Deduction (\$54.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	855.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. Mr. ANTHONY WELTERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 919 SAIGON ROAD  
 City State Zip Code  
 MCLEAN VA 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc EVP UnitedHealth Group  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2692.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR1332013228018**  
 Amount of Each Receipt this Period  
 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**B. MICHAEL J BRESOLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 W VIEW STREET  
 City State Zip Code  
 LOMBARD IL 60148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir Care Advocacy  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR1551005728018**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. JEFFREY W KAGAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 52 CRESTWOOD LANE  
 City State Zip Code  
 FARMINGVILLE NY 11738  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP, Product  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR1551132328018**  
 Amount of Each Receipt this Period  
 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	696.90
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. GERALD JOHN KNUTSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 KIMBERLY LN N

City PLYMOUTH State MN Zip Code 55447

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1551132528018**

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B. MICHAEL C MATTEO**  
Full Name (Last, First, Middle Initial)

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Chief Growth Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1551133428018**

Amount of Each Receipt this Period 57.69

P/R Deduction (\$19.23 Bi-Weekly)

**C. DAWN M OWENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City MINNEAPOLIS State MN Zip Code 55405

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1551160328018**

Amount of Each Receipt this Period 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 417.69

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. THOMAS J VALERIUS</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 2820 DEER RUN TRAIL		<b>Transaction ID : PR1551161328018</b>
City LONG LAKE	State MN	Zip Code 55356
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer United HealthCare Services Inc	Occupation SVP Recruitment Svcs	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.88	

Full Name (Last, First, Middle Initial) <b>B. LOIS T WEIHRAUCH</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 10392 SHERMAN DRIVE		<b>Transaction ID : PR1551161428018</b>
City EDEN PRAIRIE	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer United HealthCare Services Inc	Occupation VP General Management	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN O ENDERLE</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 31 ANDREIS TRAIL		<b>Transaction ID : PR1554323528018</b>
City SOUTH WINDSOR	State CT	Zip Code 06074
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 165.00
Name of Employer United HealthCare Services Inc	Occupation Regional Executive	P/R Deduction (\$55.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	575.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. RICK M JELINEK**  
Full Name (Last, First, Middle Initial)

Mailing Address 5570 WOODSIDE LANE

City SHOREWOOD State MN Zip Code 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : PR1554323928018**

Amount of Each Receipt this Period  
 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**B. MICHAEL RADU**  
Full Name (Last, First, Middle Initial)

Mailing Address 42820 VIOLA CT

City LEESBURG State VA Zip Code 20176

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation COO, Collaborative Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : PR1554324528018**

Amount of Each Receipt this Period  
 162.00

P/R Deduction (\$54.00 Bi-Weekly)

**C. CATHERINE E SPILLANE**  
Full Name (Last, First, Middle Initial)

Mailing Address 3807 PLEASANT VALLEY DRIVE

City MISSOURI CITY State TX Zip Code 77459

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Business Process

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : PR1554324628018**

Amount of Each Receipt this Period  
 57.69

P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	796.59
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KIRK E STAPLETON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3840 INGLEWOOD AVE S  
 City SAINT LOUIS PARK State MN Zip Code 55416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Strategic Initiatives  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1554324728018**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. KAREN L ERICKSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15348 RED OAKS ROAD SE  
 City PRIOR LAKE State MN Zip Code 55372  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Market Group CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1575957628018**  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. ERNEST MONFILETTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3062 COMFORT ROAD  
 City NEW HOPE State PA Zip Code 18938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Plan President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1076.88

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1575958128018**  
 Amount of Each Receipt this Period 230.76  
 P/R Deduction (\$76.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	957.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. LEE D VALENTA**  
Full Name (Last, First, Middle Initial)

Mailing Address 4701 GOLF TERRACE

City EDINA	State MN	Zip Code 55424
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation President Life Sciences
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2692.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1575958528018**

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**B. THOMAS S PAUL**  
Full Name (Last, First, Middle Initial)

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55405
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Business Segment CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1580864728018**

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C. ROBERT THOMAS WEBB**  
Full Name (Last, First, Middle Initial)

Mailing Address 4516 DREXEL AVENUE

City EDINA	State MN	Zip Code 55424
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation CEO Care Solutions
--	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2692.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1580865328018**

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1453.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. RICHARD J HUGHES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 735 SAINT MORITZ

City VICTORIA	State MN	Zip Code 55386
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP Human Capital Dvlprmt
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1596304128018**

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B. THAD C JOHNSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16848 STIRRUP LN

City EDEN PRAIRIE	State MN	Zip Code 55347
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Market Group General Counsel
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1596304328018**

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C. GAYE ADAMS MASSEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11641 TANGLEWOOD DRIVE

City EDEN PRAIRIE	State MN	Zip Code 55347
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Deputy General Counsel
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1596304528018**

Amount of Each Receipt this Period  
346.14

P/R Deduction (\$115.38 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	946.14
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CAROL B MORNESS**  
Full Name (Last, First, Middle Initial)

Mailing Address 401 N 2ND ST UNIT 512

City State Zip Code  
MINNEAPOLIS MN 55401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR1596304928018**

Amount of Each Receipt this Period  
**115.38**

P/R Deduction (\$38.46 Bi-Weekly)

**B. SCOTT E THEISEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1950 MEADOWWOODS TRAIL

City State Zip Code  
LONG LAKE MN 55356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Business Segment CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR1596305628018**

Amount of Each Receipt this Period  
**57.69**

P/R Deduction (\$19.23 Bi-Weekly)

**C. THOMAS D LEWIS**  
Full Name (Last, First, Middle Initial)

Mailing Address 306 CHIPPEWA AVENUE

City State Zip Code  
TAMPA FL 33606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Health Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR1596306928018**

Amount of Each Receipt this Period  
**115.38**

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **288.45**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ROBERT W OBERRENDER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4505 MOORLAND AVENUE  
 City EDINA State MN Zip Code 55424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1540.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1596307028018**  
 Amount of Each Receipt this Period 330.00  
 P/R Deduction (\$110.00 Bi-Weekly)

**B. DIANE BEDNAR FLYNN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3318 FOXRIDGE CIRCLE  
 City TAMPA State FL Zip Code 33618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP, Medical & Clinical Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1596309728018**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. LISA M BEHNKE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19647 CASA VERDE WAY  
 City FORT MYERS State FL Zip Code 33967  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 778.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1596309828018**  
 Amount of Each Receipt this Period 291.00  
 P/R Deduction (\$97.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	738.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. RAMON E COTO</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 14021 LEANING PINE DRIVE		<b>Transaction ID : PR1596311528018</b>
City MIAMI LAKES	State FL	Zip Code 33014
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 57.69
Name of Employer United HealthCare Services Inc	Occupation VP General Management	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) <b>B. STEVAN D GARCIA</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 28115 BOULDER BRIDGE DRIVE		<b>Transaction ID : PR1596312928018</b>
City SHOREWOOD	State MN	Zip Code 55331
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 57.69
Name of Employer United HealthCare Services Inc	Occupation SVP Operations	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) <b>C. KURT A HEUMANN</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 9825 GERALD DR		<b>Transaction ID : PR1596313728018</b>
City SAINT LOUIS	State MO	Zip Code 63128
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
Name of Employer United HealthCare Services Inc	Occupation VP Finance	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN H RENNICK JR**  
Full Name (Last, First, Middle Initial)

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City	State	Zip Code
CHARLOTTE	NC	28269

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1596316828018**

Amount of Each Receipt this Period  

57.69
-------

P/R Deduction (\$19.23 Bi-Weekly)

**B. STEPHAN RODGERS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3455 CONGRESS STREET

City	State	Zip Code
FAIRFIELD	CT	06824-2036

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	CEO Collaborative Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1596317128018**

Amount of Each Receipt this Period  

384.60
--------

P/R Deduction (\$192.30 Bi-Weekly)

**C. DANIEL I ROSENTHAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 SLEEPY HOLLOW LANE

City	State	Zip Code
ORINDA	CA	94563

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Health Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR1596317328018**

Amount of Each Receipt this Period  

57.69
-------

P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>499.98</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 116  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. KEVIN J RUTH**

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code  
 SILVER SPRING MD 20905

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP Enterprise Clinical Alignm

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1050.00

Date of Receipt  
 06 / 30 / 2012  
**Transaction ID : PR1596317428018**

Amount of Each Receipt this Period  
 225.00

P/R Deduction (\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. DAVID C STURKEY**

Mailing Address 1625 CONE FLOWER WAY

City State Zip Code  
 SUWANEE GA 30024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc KA VP Sales and Account Mgmt

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 468.00

Date of Receipt  
 06 / 30 / 2012  
**Transaction ID : PR1596318428018**

Amount of Each Receipt this Period  
 117.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JEFFREY ALAN TODD**

Mailing Address 467 PRAIRIE WAY SOUTH

City State Zip Code  
 BAYPORT MN 55003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc VP Underwriting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 06 / 30 / 2012  
**Transaction ID : PR1596319028018**

Amount of Each Receipt this Period  
 75.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 417.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. M LAURIE WASSERSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 92 GOODWIN CIRCLE  
 City HARTFORD State CT Zip Code 06105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation PS National VP Account Mgmt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **288.45**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR1596319528018**  
 Amount of Each Receipt this Period **57.69**  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. MYRON R WERLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4260 FOXBERRY COURT  
 City MEDINA State MN Zip Code 55340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **205.00**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR1596319628018**  
 Amount of Each Receipt this Period **60.00**  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. JOHN P DODDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 ROXITICUS VIEW  
 City CHESTER State NJ Zip Code 07930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Information Technology  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **546.00**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR1600597328018**  
 Amount of Each Receipt this Period **117.00**  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **234.69**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MICHAEL D MICHAUX**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 742 GOODRICH AVE  
 City SAINT PAUL State MN Zip Code 55105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP & GM PCM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1600598528018**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. LEWIS G SANDY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4800 SUNNYSLOPE ROAD E  
 City EDINA State MN Zip Code 55424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Clinical Advancement  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1600598728018**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. MATTHEW W PETERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20595 SPENCER LANE  
 City SHOREWOOD State MN Zip Code 55331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Market Group CAO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1602669928018**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEFFREY W MALONEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 18076 CLEAR SPRING LANE

City EDEN PRAIRIE State MN Zip Code 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP General Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.10**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR1613243528018**

Amount of Each Receipt this Period **288.45**

P/R Deduction (\$96.15 Bi-Weekly)

**B. DANIEL S WALLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 17034 BAINBRIDGE DR

City EDEN PRAIRIE State MN Zip Code 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR1632360028018**

Amount of Each Receipt this Period **90.00**

P/R Deduction (\$30.00 Bi-Weekly)

**C. WILLIAM F KENNEDY**  
Full Name (Last, First, Middle Initial)

Mailing Address 14 MYRA LN

City BURLINGTON State CT Zip Code 06013

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR1653443128018**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **438.45**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. STEVE R KOOREN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4444 ELLSWORTH DRIVE

City EDINA State MN Zip Code 55435

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1653443228018**

Amount of Each Receipt this Period 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**B. THOMAS J BELLAMY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2743 THOMAS AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55416

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SB RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1653444328018**

Amount of Each Receipt this Period 173.10

P/R Deduction (\$57.70 Bi-Weekly)

**C. ALISTAIR D JACQUES**  
Full Name (Last, First, Middle Initial)

Mailing Address 645 OLD LONG LAKE ROAD

City ORONO State MN Zip Code 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR1653445228018**

Amount of Each Receipt this Period 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 1326.90

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ELIZABETH DARCIE D. CORBIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7985 LEA CIRCLE  
 City BLOOMINGTON State MN Zip Code 55438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Health Care Initiatives  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1400.00**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR166943228018**  
 Amount of Each Receipt this Period **300.00**  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. Mr. MILES S SNOWDEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4349 FREMONT AVE S  
 City MINNEAPOLIS State MN Zip Code 55409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2692.20**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR1746717828018**  
 Amount of Each Receipt this Period **576.90**  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. JEFF LEVINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 BOND AVE  
 City REISTERSTOWN State MD Zip Code 21136  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation PS Mgr Acct Mgmt (FEHBP)  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **365.00**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR1806443228018**  
 Amount of Each Receipt this Period **365.00**  
 P/R Deduction (\$365.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1241.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. WILLIAM TALAMANTES**  
Full Name (Last, First, Middle Initial)

Mailing Address 11618 ROLLING MEADOW DR

City GREAT FALLS State VA Zip Code 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Six Sigma Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **336.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR1806444728018**

Amount of Each Receipt this Period **120.00**

P/R Deduction (\$40.00 Bi-Weekly)

**B. PAUL M EMERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 18855 MEADOW VIEW BLVD

City PRIOR LAKE State MN Zip Code 55372

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR1806750328018**

Amount of Each Receipt this Period **115.38**

P/R Deduction (\$38.46 Bi-Weekly)

**C. MICHELLE D LEDELL**  
Full Name (Last, First, Middle Initial)

Mailing Address 5115 SARATOGA LANE

City PLYMOUTH State MN Zip Code 55442

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR1882850628018**

Amount of Each Receipt this Period **120.00**

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **355.38**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CATHERINE K ANDERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 37 W 2000 S

City DRIGGS	State ID	Zip Code 83422
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP General Management
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : PR1903550728018**

Amount of Each Receipt this Period  
173.10

P/R Deduction (\$57.70 Bi-Weekly)

**B. KATHLEEN L BISHOP**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 145 COTTAGE RD

City ENFIELD	State CT	Zip Code 06082
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Finance
--	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : PR1903560828018**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C. ROBERT J DUFEK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 PROMONTORY PLACE

City EAGAN	State MN	Zip Code 55123
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP, IT
--	----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : PR1903577128018**

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	308.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SUSAN B EDBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9727 WELLINGTON RIDGE  
 City State Zip Code  
 WOODBURY MN 55125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP Customer Service  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR1903578128018**  
 Amount of Each Receipt this Period  
 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. CHRISTOPHER T JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12880 53RD STREET NORTH  
 City State Zip Code  
 STILLWATER MN 55082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc Dir General Management  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 546.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR1903591128018**  
 Amount of Each Receipt this Period  
 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. JOHN C SANTELLI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17498 GEORGE MORAN DRIVE  
 City State Zip Code  
 EDEN PRAIRIE MN 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc SVP & CIO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR1903622028018**  
 Amount of Each Receipt this Period  
 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	717.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PAUL D WEYMOUTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 128 WOODLAND RD  
 City COVENTRY State CT Zip Code 06238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR1903636928018**  
 Amount of Each Receipt this Period 57.69  
 P/R Deduction (\$19.23 Bi-Weekly)

**B. BRADLEY E ALLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1046 THORNBERRY CREEK DR  
 City ONEIDA State WI Zip Code 54155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Sr Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR2119466828018**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. RUSSELL A BENNETT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 HALSEY AVE  
 City LAGUNA NIGUEL State CA Zip Code 92677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Marketing Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR2119468028018**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	177.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SUSAN LYNN BERKEL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 SHADOW GLEN  
 City IRVINE State CA Zip Code 92620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2688.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119468128018**  
 Amount of Each Receipt this Period 576.00  
 P/R Deduction (\$192.00 Bi-Weekly)

**B. KATHIE L BRYAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 912 JOSHUA PLACE  
 City SAN DIEGO State CA Zip Code 92154  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assoc Dir Mrkting Comm  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119469428018**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. COLLEEN CAMPBELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5515 W 73RD AVENUE  
 City WESTMINSTER State CO Zip Code 80003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assoc Dir Clinical Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119469928018**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	696.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 116  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. DAVID S CARLSON**

Mailing Address 13130 WESTPORT ST

City State Zip Code  
 MOORPARK CA 93021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Marketing Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2012**

**Transaction ID : PR2119470228018**

Amount of Each Receipt this Period  
**60.00**

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. LESLIE J CARTER**

Mailing Address 19021 POPPY HILL CIRCLE

City State Zip Code  
 HUNTINGTON BEACH CA 92648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc Dir Network Contracting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1344.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2012**

**Transaction ID : PR2119470328018**

Amount of Each Receipt this Period  
**288.00**

P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. RANDELL J CORREIA**

Mailing Address PO BOX 1025

City State Zip Code  
 RANCHO SANTA FE CA 92067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2012**

**Transaction ID : PR2119471328018**

Amount of Each Receipt this Period  
**90.00**

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **438.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. RICHARD A CROSS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11361 DONOVAN ROAD

City ROSSMOOR	State CA	Zip Code 90720
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Deputy General Counsel (Mgr)
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2119471828018**

Amount of Each Receipt this Period  

75.00
-------

P/R Deduction (\$25.00 Bi-Weekly)

**B. KENNETH R DAVIS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7640 N 10TH AVE

City PHOENIX	State AZ	Zip Code 85021
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Medical Director
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2119472528018**

Amount of Each Receipt this Period  

60.00
-------

P/R Deduction (\$20.00 Bi-Weekly)

**C. LINDA M DAYAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH	State CA	Zip Code 90815
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Chief of Staff
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2119472628018**

Amount of Each Receipt this Period  

57.00
-------

P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>192.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. TODD J DEMBROSKI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1390 FINCH LN  
 City GREEN BAY State WI Zip Code 54313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assoc Dir Actuarial Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119472828018**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. ANGELO GIAMBRONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1821 PARK STREET  
 City HUNTINGTON BEACH State CA Zip Code 92648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Networks  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119475128018**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C. AMY J GILDERNICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2709 WILLIAMS GRANT  
 City DE PERE State WI Zip Code 54115  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assoc Dir Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119475228018**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	255.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DAVID M HANSEN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 33 VIA CONOCIDO

City SAN CLEMENTE	State CA	Zip Code 92673
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1890.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2119476728018**

Amount of Each Receipt this Period  
405.00

P/R Deduction (\$135.00 Bi-Weekly)

**B. SAMUEL W HO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4220 OCEAN DR

City MANHATTAN BEACH	State CA	Zip Code 90266
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Market Grp Chief Clinical Off
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2153.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2119477928018**

Amount of Each Receipt this Period  
461.40

P/R Deduction (\$153.80 Bi-Weekly)

**C. KEVIN D HOST**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14617 GRANT ST

City OVERLAND PARK	State KS	Zip Code 66221
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Pharmacy Operations
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2119478228018**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	926.40
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. BRIAN JEFFREY</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR2119479128018</b>
Mailing Address 9 RIMROCK		Amount of Each Receipt this Period 75.00
City IRVINE	State CA	Zip Code 92603
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Network Contracting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN D JONES</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR2119479228018</b>
Mailing Address 3562 REDWOOD		Amount of Each Receipt this Period 288.00
City IRVINE	State CA	Zip Code 92606
FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00	

Full Name (Last, First, Middle Initial) <b>C. MARK C KNUTSON</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 <b>Transaction ID : PR2119480228018</b>
Mailing Address 13102 PALOMAR WAY		Amount of Each Receipt this Period 45.00
City NORTH TUSTIN	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Customer Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. SANDY M LUEDKE</b>		Date of Receipt
Mailing Address 1208 COPRINUS DR		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
GREEN BAY	WI	54313
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2119482228018</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	IT Database Cnsltnt	<input type="text" value="45.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>B. HEATHER M MACE-MEADOR</b>		Date of Receipt
Mailing Address 13531 CARLTON OAKS		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
SAN ANTONIO	TX	78232
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2119482528018</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Medical & Clinical Ops	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) <b>C. JEFFREY S MASON</b>		Date of Receipt
Mailing Address 5670 SHEMIRAN ST		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
LA VERNE	CA	91750
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2119483028018</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Sr Medical Director	<input type="text" value="45.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KEITH E NYGARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1139 E OCEAN BOULEVARD #106  
 City LONG BEACH State CA Zip Code 90802  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Compliance Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119485028018**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. TRACY L OLLMANN-WAGNER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2839 TIMBER LANE  
 City GREEN BAY State WI Zip Code 54313  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Mgr Traffic/Workforce  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119485228018**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. CYNTHIA ANN OTTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1855 O LEARY ROAD  
 City NEENAH State WI Zip Code 54956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assoc Dir Case Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119485428018**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. LYNDA A PAXSON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3924 E GARNET PL  
City State Zip Code  
HIGHLANDS RANCH CO 80126  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
United HealthCare Services Inc Sr Field Account Manager  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**350.00**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2119485828018**  
Amount of Each Receipt this Period  
**75.00**  
P/R Deduction (\$25.00 Bi-Weekly)

**B. MICHELLE LYNN PETERS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1128 COUNTRYSIDE DR  
City State Zip Code  
DE PERE WI 54115  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
United HealthCare Services Inc Dir Actuarial Services  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**210.00**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2119486428018**  
Amount of Each Receipt this Period  
**45.00**  
P/R Deduction (\$15.00 Bi-Weekly)

**C. AUSTIN T PITTMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14 LOCH RIDGE DRIVE  
City State Zip Code  
GREENSBORO NC 27408  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
United HealthCare Services Inc President Networks  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**1890.00**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2119486728018**  
Amount of Each Receipt this Period  
**405.00**  
P/R Deduction (\$135.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **525.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 116  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. CYNTHIA L POLICH**

Mailing Address 3401 E VIA PALOMITA

City TUCSON      State AZ      Zip Code 85718

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc      Occupation M&R President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR2119486828018**

Amount of Each Receipt this Period  
**300.00**

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. SHARON A RICCIUTI**

Mailing Address 55 PERENNIAL

City IRVINE      State CA      Zip Code 92603

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc      Occupation Dir Clinical Quality

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR2119487928018**

Amount of Each Receipt this Period  
**60.00**

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. MARILYNN D STYERS**

Mailing Address 6485 WAYFINDERS CT

City CARLSBAD      State CA      Zip Code 92009

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc      Occupation VP, Medical & Clinical Ops

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR2119490728018**

Amount of Each Receipt this Period  
**60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **420.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CHERYL TANIGAWA MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5598 NAPLES CANAL  
 City LONG BEACH State CA Zip Code 90803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Enterprise Health Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119491128018**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. CHERYL A THOMSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 FOREST DR  
 City SOBIESKI State WI Zip Code 54171  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Compliance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119491628018**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C. STEVEN M TUCKER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12331 COUNTRY LANE  
 City SANTA ANA State CA Zip Code 92705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1344.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2119492028018**  
 Amount of Each Receipt this Period 288.00  
 P/R Deduction (\$96.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	483.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SUSAN VANASTEN**  
Full Name (Last, First, Middle Initial)

Mailing Address W313 GOLDEN GLOW RD

City KAUKAUNA State WI Zip Code 54130

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Site Dir Medicare Inside Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2119492628018**

Amount of Each Receipt this Period **120.00**

P/R Deduction (\$40.00 Bi-Weekly)

**B. LINDA D DAUGHERTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 15442 NORTH 19TH WAY

City PHOENIX State AZ Zip Code 85022

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Associate General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2119493528018**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**C. GREGORY WRIGHT**  
Full Name (Last, First, Middle Initial)

Mailing Address 13901 MAUVE DRIVE

City SANTA ANA State CA Zip Code 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2119494128018**

Amount of Each Receipt this Period **75.00**

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **255.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. GEORGE M YOUNG**  
Full Name (Last, First, Middle Initial)

Mailing Address 36296 N 98TH WAY

City State Zip Code  
SCOTTSDALE AZ 85262

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2119494428018**

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$15.00 Bi-Weekly)

**B. FORREST G BURKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 380 LEAF STREET

City State Zip Code  
ORONO MN 55356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc President PS Labor & Trust

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2133132428018**

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C. DANIEL M CUMMINGS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1929 FAIRMOUNT AVE

City State Zip Code  
SAINT PAUL MN 55105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Accounting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2133132628018**

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 390.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KIMBERLY ALLENE NETTLETON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5003 DARNELL  
 City HOUSTON State TX Zip Code 77096  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir General Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2133133928018**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**B. T JEFFREY PUTNAM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 303 ELMWOOD PLACE WEST  
 City MINNEAPOLIS State MN Zip Code 55419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Financial Plng & Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2133134228018**  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**C. DIANE M SCHIMMELBUSCH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2203 RIVER FALLS DRIVE  
 City KINGWOOD State TX Zip Code 77339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Medical & Clinical Ops  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2133134628018**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	696.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ROBERT C FALKENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6069 WEATHERED OAK CT  
 City WESTERVILLE State OH Zip Code 43082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2145728428018**  
 Amount of Each Receipt this Period 115.38  
 P/R Deduction (\$38.46 Bi-Weekly)

**B. ROB FARAHANI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO BOX 704  
 City HUNTINGTON State NY Zip Code 11743  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir IT Project Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2145728528018**  
 Amount of Each Receipt this Period 115.38  
 P/R Deduction (\$38.46 Bi-Weekly)

**C. WAYNE MILLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19521 SIERRA SOTO RD  
 City IRVINE State CA Zip Code 92603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP, Client Relationships  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2145729228018**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.76  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. LEAH C RUMMEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 12100 TRAUTWEIN ROAD

City AUSTIN	State TX	Zip Code 78737
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2145729528018**

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$15.00 Bi-Weekly)

**B. MICHAEL P SCHWARZ**  
Full Name (Last, First, Middle Initial)

Mailing Address 13935 WOODRIDGE PATH

City SAVAGE	State MN	Zip Code 55378
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP General Management
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2145729728018**

Amount of Each Receipt this Period  
105.00

P/R Deduction (\$35.00 Bi-Weekly)

**C. DANNETTE L SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5414 BYSCANE LANE

City MINNETONKA	State MN	Zip Code 55345
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Deputy General Counsel
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2702.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2145729928018**

Amount of Each Receipt this Period  
579.00

P/R Deduction (\$193.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	729.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. MARGARET W WEAR</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 44 TOPANGA		<b>Transaction ID : PR2145730228018</b>
City IRVINE	State CA	Zip Code 92602
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer United HealthCare Services Inc	Occupation VP Actuary	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID A SPIVACK</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 37 HIDDEN TRAIL		<b>Transaction ID : PR2162867628018</b>
City IRVINE	State CA	Zip Code 92603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.90
Name of Employer United HealthCare Services Inc	Occupation SVP Business Operations	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2692.20	

Full Name (Last, First, Middle Initial) <b>C. CHRISTINE W GIBSON</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 8516 29TH AVE N		<b>Transaction ID : PR2225166728018</b>
City NEW HOPE	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 346.14
Name of Employer United HealthCare Services Inc	Occupation VP Strategic Initiatives	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1073.04
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ANDREW M SLAVITT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5125 MIRROR LAKES DRIVE  
 City EDINA State MN Zip Code 55436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2225167428018**  
 Amount of Each Receipt this Period 750.00  
 P/R Deduction (\$250.00 Bi-Weekly)

**B. JEAN-FRANCOIS BEAULE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 STRATFORD RD  
 City FARMINGTON State CT Zip Code 06032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP General Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.80

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2225813628018**  
 Amount of Each Receipt this Period 173.10  
 P/R Deduction (\$57.70 Bi-Weekly)

**C. NANCY S MACK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10140 26TH AVENUE NORTH  
 City PLYMOUTH State MN Zip Code 55441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2225818428018**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	968.10
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MICHAEL MCGUIRE**  
Full Name (Last, First, Middle Initial)

Mailing Address 437 DRURY LANE

City WYCKOFF State NJ Zip Code 07481

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Health Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2225818828018**

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B. ERIC S RANGEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Chief Accounting Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2225819328018**

Amount of Each Receipt this Period 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C. JOHN D RYAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation RVP Client Mgmt & Svc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2225819628018**

Amount of Each Receipt this Period 115.38

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 752.28

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 116
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ROY THOMAS SAILOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 276 COYOTE WILLOW DRIVE  
 City COLORADO SPRINGS State CO Zip Code 80921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Client Svc Acct Mgt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1076.88

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2225819728018**  
 Amount of Each Receipt this Period 230.76  
 P/R Deduction (\$76.92 Bi-Weekly)

**B. KAREN A DIPALMO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7533 PRAIRIE VIEW DR  
 City INDIANAPOLIS State IN Zip Code 46256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Rule Financial Corp. Occupation Dir Network Programs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2231347228018**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C. SUSAN A FOWLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4396 CREEKSIDE PASS  
 City ZIONSVILLE State IN Zip Code 46077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Rule Financial Corp. Occupation VP UHO Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2231349728018**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DARRELL S RICHEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7244 TULIPTREE TRAIL  
 City INDIANAPOLIS State IN Zip Code 46256  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Rule Financial Corp. Occupation Deputy General Counsel (Mgr)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1120.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2231352328018**  
 Amount of Each Receipt this Period 240.00  
 P/R Deduction (\$80.00 Bi-Weekly)

**B. MICHAEL R CONNLY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 570 MONTCALM PL  
 City SAINT PAUL State MN Zip Code 55116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Chief Technology Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2247625828018**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**C. JOSEPH R CARCIONE JR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 CARRIAGE WAY  
 City WHITE PLAINS State NY Zip Code 10605  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.80

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2247626828018**  
 Amount of Each Receipt this Period 173.10  
 P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 713.10  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KEVIN DAVID KANTOLA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7031 HALSTEAD DRIVE  
 City State Zip Code  
 MINNETRISTA MN 55364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP, IT  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR2247627028018**  
 Amount of Each Receipt this Period  
 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**B. DENNIS P O'BRIEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 61 LOUGHLIN AVE  
 City State Zip Code  
 COS COB CT 06807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc RVP Network Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 807.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR2247627328018**  
 Amount of Each Receipt this Period  
 173.10  
 P/R Deduction (\$57.70 Bi-Weekly)

**C. JEFFERY RICHARD VERNEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 266 WESTLEDGE ROAD  
 City State Zip Code  
 WEST SIMSBURY CT 06092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 United HealthCare Services Inc VP General Management  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 807.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR2247627428018**  
 Amount of Each Receipt this Period  
 173.10  
 P/R Deduction (\$57.70 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	421.20
<b>TOTAL</b> This Period (last page this line number only).....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DARRELL BROOKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 QUEENSLAND LANE NORTH

City PLYMOUTH	State MN	Zip Code 55447
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Information Technology
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2247627628018**

Amount of Each Receipt this Period  

173.10
--------

P/R Deduction (\$57.70 Bi-Weekly)

**B. SANJAY GARODIA**  
Full Name (Last, First, Middle Initial)

Mailing Address 282 MIDDAUGH

City CLARENDON HILLS	State IL	Zip Code 60514
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation COO, IBS
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2247627828018**

Amount of Each Receipt this Period  

115.38
--------

P/R Deduction (\$38.46 Bi-Weekly)

**C. DANIEL L OHMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 8970 MOOR PARK RUN

City DULUTH	State GA	Zip Code 30097
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Region CEO
--	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **376.88**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2247628028018**

Amount of Each Receipt this Period  

80.76
-------

P/R Deduction (\$26.92 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>369.24</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN M PRINCE**  
Full Name (Last, First, Middle Initial)

Mailing Address 546 HARRINGTON ROAD

City WAYZATA State MN Zip Code 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Market Group CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1358.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2259738428018**

Amount of Each Receipt this Period  
291.00

P/R Deduction (\$97.00 Bi-Weekly)

**B. CHRISTOPHER L CRONN**  
Full Name (Last, First, Middle Initial)

Mailing Address 507 PRESSLER #3128

City AUSTIN State TX Zip Code 78703

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.44

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2270522928018**

Amount of Each Receipt this Period  
115.38

P/R Deduction (\$38.46 Bi-Weekly)

**C. SIMON L STEVENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1716 EMERSON AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55403

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation EVP UnitedHealth Group

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3695.72

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2364863228018**

Amount of Each Receipt this Period  
326.10

P/R Deduction (\$108.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 732.48

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEANNE M DE SA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3000 TILDEN STREET NW #204-1  
 City WASHINGTON State DC Zip Code 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR2402315928018**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. ANGELA DAWN KEPLEY CARRIER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3219 PENINSULA DRIVE  
 City JAMESTOWN State NC Zip Code 27282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Case Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR2402317728018**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C. MARILYN LEVI-BAUMGARTEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4800 W 27TH ST  
 City SAINT LOUIS PARK State MN Zip Code 55416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir General Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012  
**Transaction ID : PR2402317928018**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JAKE LOGAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 4826 EAST CALLE REDONDA

City PHOENIX	State AZ	Zip Code 85018
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2402318228018**

Amount of Each Receipt this Period  

75.00
-------

P/R Deduction (\$25.00 Bi-Weekly)

**B. MARIA MCCAULEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 15916 MARSHFIELD DRIVE

City TAMPA	State FL	Zip Code 33624
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Sr Project Manager II
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2402318428018**

Amount of Each Receipt this Period  

60.00
-------

P/R Deduction (\$20.00 Bi-Weekly)

**C. STACY S MCGRATH**  
Full Name (Last, First, Middle Initial)

Mailing Address 5625 CHOWEN AVE S

City EDINA	State MN	Zip Code 55410
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Business Process
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2402318528018**

Amount of Each Receipt this Period  

45.00
-------

P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DIANE D SOUZA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 360 STANLEY DRIVE  
City GLASTONBURY State CT Zip Code 06033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation CEO Specialty Benefits  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2402320028018**  
Amount of Each Receipt this Period 576.90  
P/R Deduction (\$192.30 Bi-Weekly)

**B. LORI SWEERE LILIENTHAL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11826 GERMAINE TERRACE  
City EDEN PRAIRIE State MN Zip Code 55347  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation EVP Human Capital  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2702.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2402320228018**  
Amount of Each Receipt this Period 579.00  
P/R Deduction (\$193.00 Bi-Weekly)

**C. SHELLEY WIKE CRANLEY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3801 MAURICE COURT  
City LAS VEGAS State NV Zip Code 89108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Regulatory Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2402444428018**  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$100.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1455.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 116  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. JAY M ANLIKER**

Mailing Address 4306 MOUNTAIN LANE

City State Zip Code  
 WAUSAU WI 54401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc CEO TPA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 06 / 30 / 2012  
**Transaction ID : PR2402445028018**

Amount of Each Receipt this Period  
 60.00

P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JAMES C COLEMAN**

Mailing Address 4135 ETHAN DRIVE

City State Zip Code  
 EAGAN MN 55123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP Employee Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1400.00

Date of Receipt  
 06 / 30 / 2012  
**Transaction ID : PR2402445228018**

Amount of Each Receipt this Period  
 300.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. JAMES D DONOVAN**

Mailing Address 2816 MONTREAUX DRIVE

City State Zip Code  
 FRISCO TX 75034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 United HealthCare Services Inc SVP Bus Dev and Marketing

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 910.00

Date of Receipt  
 06 / 30 / 2012  
**Transaction ID : PR2402445328018**

Amount of Each Receipt this Period  
 195.00

P/R Deduction (\$65.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 555.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN L LARSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 11688 TANGLEWOOD DRIVE

City EDEN PRAIRIE	State MN	Zip Code 55347
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Business Segment CEO
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2702.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2402445628018**

Amount of Each Receipt this Period  
579.00

P/R Deduction (\$193.00 Bi-Weekly)

**B. KARA J RIOS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5116 DUGGAN PLAZA

City EDINA	State MN	Zip Code 55439-1453
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc.	Occupation VP Operations
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2402445728018**

Amount of Each Receipt this Period  
250.00

P/R Deduction (\$250.00 Bi-Weekly)

**C. JOY O HIGA**  
Full Name (Last, First, Middle Initial)

Mailing Address 2208 ELM AVENUE

City MANHATTAN BEACH	State CA	Zip Code 90266
-------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Regulatory Affairs
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2402446228018**

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$30.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	919.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 64 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SOHINI G JINDAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 9300 IVY TREE LANE

City GREAT FALLS State VA Zip Code 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : PR2402446328018**

Amount of Each Receipt this Period  
 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B. RUSSELL C PETRELLA**  
Full Name (Last, First, Middle Initial)

Mailing Address 4612 MOORLAND AVENUE

City EDINA State MN Zip Code 55424

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation President C&S

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : PR2402446428018**

Amount of Each Receipt this Period  
 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C. CORY ALEXANDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4203 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gov't Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2012

**Transaction ID : PR2405428828018**

Amount of Each Receipt this Period  
 576.90

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1176.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 65 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOSEPH R STEVENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1621 BERKSHIRE RD

City COLUMBUS State OH Zip Code 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.40**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2405429128018**

Amount of Each Receipt this Period **142.80**

P/R Deduction (\$47.60 Bi-Weekly)

**B. RODNEY CHARLES ARMSTEAD**  
Full Name (Last, First, Middle Initial)

Mailing Address 406 LEWELEN CIRCLE

City ENGLEWOOD State NJ Zip Code 07631

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2405430228018**

Amount of Each Receipt this Period **120.00**

P/R Deduction (\$40.00 Bi-Weekly)

**C. KAREN ANN SAELENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 105 N FLORENCE AVE

City LITCHFIELD PARK State AZ Zip Code 85340

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2408544828018**

Amount of Each Receipt this Period **60.00**

P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>322.80</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KATHLYN G WEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4118 38TH ST NW  
 City WASHINGTON State DC Zip Code 20016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2408545028018**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. GAIL KOZIARA KOZIARA BOUDREAU**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 841 HOLDEN COURT  
 City LAKE FOREST State IL Zip Code 60045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation EVP & Gr Pres UHC  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2437119528018**  
 Amount of Each Receipt this Period 576.93  
 P/R Deduction (\$192.31 Bi-Weekly)

**C. JEFFREY SEAN CORZINE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7649 EARLINGTON PARKWAY  
 City DUBLIN State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Marketing Bus Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2437119728018**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 696.93  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. RITA FAYE JOHNSON-MILLS**

Full Name (Last, First, Middle Initial)  
Mailing Address 9727 SKY LANE

City EDEN PRAIRIE State MN Zip Code 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR2437120128018**

Amount of Each Receipt this Period  
**45.00**

P/R Deduction (\$15.00 Bi-Weekly)

**B. DAVID K LIVINGSTON**

Full Name (Last, First, Middle Initial)  
Mailing Address 24570 RIDGE POLE COURT

City SOUTH LYON State MI Zip Code 48178

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Plan President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1358.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR2437120228018**

Amount of Each Receipt this Period  
**291.00**

P/R Deduction (\$97.00 Bi-Weekly)

**C. JACK S WEISS**

Full Name (Last, First, Middle Initial)  
Mailing Address 6245 NORTH 75 STREET

City SCOTTSDALE State AZ Zip Code 85250

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Natl Medical Director/CMO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR2437120528018**

Amount of Each Receipt this Period  
**75.00**

P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>411.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. PAUL JOSEPH BALTHAZOR**  
Full Name (Last, First, Middle Initial)

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code  
BROOKLYN PARK MN 55443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Business Segment CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2437120728018**

Amount of Each Receipt this Period  
**180.00**

P/R Deduction (\$60.00 Bi-Weekly)

**B. KELLY L CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 13540 BIRCHWOOD AVENUE

City State Zip Code  
ROSEMOUNT MN 55068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Business Segment CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2437121328018**

Amount of Each Receipt this Period  
**115.38**

P/R Deduction (\$38.46 Bi-Weekly)

**C. LAURA L NESS**  
Full Name (Last, First, Middle Initial)

Mailing Address 10550 PINNACLE WAY

City State Zip Code  
WOODBURY MN 55129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2437121528018**

Amount of Each Receipt this Period  
**117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **412.38**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. JOHN W COSGRIFF</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 1837 SUMMIT LANE		<b>Transaction ID : PR2437121628018</b>
City MENDOTA HEIGHTS	State MN	Zip Code 55118
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 60.00	
Name of Employer United HealthCare Services Inc	Occupation Dir General Management	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. PETER W RAINEY</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 3115 WEST 47 STREET		<b>Transaction ID : PR2437127528018</b>
City MINNEAPOLIS	State MN	Zip Code 55410
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 117.00	
Name of Employer United HealthCare Services Inc	Occupation VP Finance	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 546.00	

Full Name (Last, First, Middle Initial) <b>C. ROBIN E LIPPERT</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2012
Mailing Address 522 4 STREET SOUTH EAST		<b>Transaction ID : PR2439928028018</b>
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 576.93	
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	P/R Deduction (\$192.31 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2692.34	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	753.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 70 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. STEPHEN M HEYMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 5300 SHERRILL AVENUE

City State Zip Code  
CHEVY CHASE MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2444265728018**

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B. DEWAYNE ULLSPERGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 4440 AVONDALE

City State Zip Code  
MINNETONKA MN 55345

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Actuary

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2444561328018**

Amount of Each Receipt this Period  
2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

**C. LORI C MCDUGAL**  
Full Name (Last, First, Middle Initial)

Mailing Address 19705 LAKEVIEW AVENUE

City State Zip Code  
DEEPHAVEN MN 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc CEO - UMVS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2692.20

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2445015328018**

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3376.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DONALD S LANGER**  
Full Name (Last, First, Middle Initial)

Mailing Address 177 SOUTHBOROUGH ROAD

City SOUTHINGTON	State CT	Zip Code 06489
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Plan President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2445015428018**

Amount of Each Receipt this Period  

60.00
-------

P/R Deduction (\$20.00 Bi-Weekly)

**B. CHARLES L WILKINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 10827 MOUNT CURVE ROAD

City EDEN PRAIRIE	State MN	Zip Code 55347
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation CEO OH Financial Services
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2445016628018**

Amount of Each Receipt this Period  

300.00
--------

P/R Deduction (\$100.00 Bi-Weekly)

**C. MARK J DUHAIME**  
Full Name (Last, First, Middle Initial)

Mailing Address 5781 RUBY DRIVE

City TROY	State MI	Zip Code 48085
--------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Information Technology
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2445016928018**

Amount of Each Receipt this Period  

117.00
--------

P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>477.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. SABRINA FERGUSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 507 NORTHWIND DRIVE

City State Zip Code  
BRANDON MS 39047

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Assoc Dir Clinical Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR2445017228018**

Amount of Each Receipt this Period  
**40.00**

P/R Deduction (\$20.00 Bi-Weekly)

**B. EILEEN J LIVERANI**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 BOSTOCK ROAD

City State Zip Code  
SHOKAN NY 12481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **387.80**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR2460167228018**

Amount of Each Receipt this Period  
**83.10**

P/R Deduction (\$27.70 Bi-Weekly)

**C. DANIEL KRAJNOVICH**  
Full Name (Last, First, Middle Initial)

Mailing Address 9958 BUTTOWNDOWN LANE

City State Zip Code  
ZIONSVILLE IN 46077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Health Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR2460167328018**

Amount of Each Receipt this Period  
**60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **183.10**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KARIN KEITEL**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3918 HAVEN ROAD

City MINNETONKA	State MN	Zip Code 55345
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Business Segment Gen Counsel
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2460167628018**

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$50.00 Bi-Weekly)

**B. SHELBY P SOLOMON**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5702 BLAKE ROAD

City EDINA	State MN	Zip Code 55436
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation President Government
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1610.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2460167928018**

Amount of Each Receipt this Period  
345.00

P/R Deduction (\$115.00 Bi-Weekly)

**C. JELKA S PETROVIC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4454 PEPPER MILL LANE

City ORION	State MI	Zip Code 48359
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2460168028018**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	555.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. LARRY C RENFRO**

Mailing Address 5 DOVE LANE

City ANDOVER State MA Zip Code 01810

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation EVP, UHG and CEO, Optum

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2692.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2012**

**Transaction ID : PR2460168128018**

Amount of Each Receipt this Period  
**576.90**

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. DAVID B ORBUCH**

Mailing Address 3370 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Chief Compliance Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **539.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2012**

**Transaction ID : PR2460168228018**

Amount of Each Receipt this Period  
**115.50**

P/R Deduction (\$38.50 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. ERIC J WEXLER**

Mailing Address 7220 WILLOW OAK DR

City WEST BLOOMFIELD State MI Zip Code 48324

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Deputy General Counsel (Mgr)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **448.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2012**

**Transaction ID : PR2463723128018**

Amount of Each Receipt this Period  
**96.00**

P/R Deduction (\$32.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>788.40</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KAREN L WALKOWSKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 6359 COUNTRY ROAD

City EDEN PRAIRIE State MN Zip Code 55346

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Provider Svc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2463723428018**

Amount of Each Receipt this Period  
**60.00**

P/R Deduction (\$20.00 Bi-Weekly)

**B. SUE SCHICK**  
Full Name (Last, First, Middle Initial)

Mailing Address 319 BERKLEY ROAD

City MERION STATION State PA Zip Code 19066

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Health Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2480620528018**

Amount of Each Receipt this Period  
**375.00**

P/R Deduction (\$125.00 Bi-Weekly)

**C. JO ANNE M ANDERSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 6236 KNOLL DRIVE

City EDINA State MN Zip Code 55436

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Integration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1358.00**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2484541628018**

Amount of Each Receipt this Period  
**291.00**

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **726.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JAMES F COPPENS**  
Full Name (Last, First, Middle Initial)

Mailing Address 5965 LAKE LINDEN COURT

City SHOREWOOD	State MN	Zip Code 55331
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP Total Compensation
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **884.10**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2484541928018**

Amount of Each Receipt this Period  

189.45
--------

P/R Deduction (\$63.15 Bi-Weekly)

**B. LILLIAN R HECKMAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 552 DEER LAKE CIRCLE

City BLUE BELL	State PA	Zip Code 19422
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Project Management
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2484542128018**

Amount of Each Receipt this Period  

90.00
-------

P/R Deduction (\$30.00 Bi-Weekly)

**C. MARK A PHILLIPS**  
Full Name (Last, First, Middle Initial)

Mailing Address 1760 LUCY RIDGE CT

City CHANHASSEN	State MN	Zip Code 55317
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP Sales
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **468.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2484542628018**

Amount of Each Receipt this Period  

117.00
--------

P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>396.45</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JERI G KUBICKI**  
Full Name (Last, First, Middle Initial)

Mailing Address 7659 COLDSTREAM DRIVE

City CINCINNATI State OH Zip Code 45255

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2486697828018**

Amount of Each Receipt this Period **150.00**

P/R Deduction (\$50.00 Bi-Weekly)

**B. THOMAS B MANDERFELD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4835 PENN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP General Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2486697928018**

Amount of Each Receipt this Period **120.00**

P/R Deduction (\$40.00 Bi-Weekly)

**C. DIRK C MCMAHON**  
Full Name (Last, First, Middle Initial)

Mailing Address 1608 SUMMIT OAKS CT

City BURNSVILLE State MN Zip Code 55337

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2491457028018**

Amount of Each Receipt this Period **300.00**

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **570.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CHRISTOPHER S STANLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12934 W 81ST AVE  
 City ARVADA State CO Zip Code 80005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Sr Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2491457428018**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**B. KATHRYN M SULLIVAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 530 N LAKE SHORE DR # 2309  
 City CHICAGO State IL Zip Code 60611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Region CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1358.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2491457528018**  
 Amount of Each Receipt this Period 291.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. MARTIN C TOOMB**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 STANLEY TERRACE  
 City DOVER State NJ Zip Code 07801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP, IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2538641528018**  
 Amount of Each Receipt this Period 45.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 486.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KARA V SMITH**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 14 STREET NORTH EAST

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2540175328018**

Amount of Each Receipt this Period  
461.55

P/R Deduction (\$153.85 Bi-Weekly)

**B. HYLLIUS R EDWARDS**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 44246

City DENVER	State CO	Zip Code 80201
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2541300428018**

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$50.00 Bi-Weekly)

**C. MATTHEW A KING**  
Full Name (Last, First, Middle Initial)

Mailing Address 1112 LORME COURT

City BRENTWOOD	State TN	Zip Code 37027
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2541300528018**

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	761.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JOHN VERSAGGI**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.24

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2541300828018**

Amount of Each Receipt this Period  
288.48

P/R Deduction (\$96.16 Bi-Weekly)

**B. JOHN F DOHERTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO State CA Zip Code 95819

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2542024528018**

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$50.00 Bi-Weekly)

**C. MATTHEW D ONSTOTT**  
Full Name (Last, First, Middle Initial)

Mailing Address 2324 LA SENDA STREET

City SANTA FE State NM Zip Code 87505

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2542024628018**

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 498.48

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. BRENDAN HOSTETLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3643 N SEELEY AVENUE #2  
 City CHICAGO State IL Zip Code 60618  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2542541928018**  
 Amount of Each Receipt this Period 90.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**B. JENNIFER L MCMULLEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 857 GLENBROOK DRIVE  
 City ATLANTA State GA Zip Code 30318  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2542542128018**  
 Amount of Each Receipt this Period 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C. RICHARD E RAMSAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 543 E LURAY AVE  
 City ALEXANDRIA State VA Zip Code 22301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2542542228018**  
 Amount of Each Receipt this Period 150.00  
 P/R Deduction (\$50.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	315.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial) <b>A. IPYANA SPENCER</b>		Date of Receipt
Mailing Address 4226 40TH STREET NORTH		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
ARLINGTON	VA	22207
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2542542328018</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Govt Rel Dir	<input type="text" value="90.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$30.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="420.00"/>	

Full Name (Last, First, Middle Initial) <b>B. ANNE YAU</b>		Date of Receipt
Mailing Address 9905 WOODLAND DRIVE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
SILVER SPRING	MD	20902
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2543582528018</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Govt Rel Mgr	<input type="text" value="45.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$15.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="210.00"/>	

Full Name (Last, First, Middle Initial) <b>C. CHANTA G COMBS</b>		Date of Receipt
Mailing Address 4229 SUMMERTREE DRIVE		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
TALLAHASSEE	FL	32311
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : PR2552313528018</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Govt Rel Dir	<input type="text" value="115.38"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="538.44"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="250.38"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEREMY VAUGHN BRYANT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11700 ARBORHILL DRIVE  
 City ZIONSVILLE State IN Zip Code 46077  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2552961328018**  
 Amount of Each Receipt this Period 105.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B. SCOTT F FLANNERY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8508 TRELADY CT  
 City PLANO State TX Zip Code 75024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2552962328018**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. CLAIRE L HANNAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25932 PORTAFINO DRIVE  
 City MISSION VIEJO State CA Zip Code 92691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP General Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2552962728018**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	339.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. GREGORY J JAMES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2323 KINGS POINT DRIVE

City LARGO	State FL	Zip Code 33774
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Medical Director
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2552963228018**

Amount of Each Receipt this Period  

117.00
--------

P/R Deduction (\$39.00 Bi-Weekly)

**B. JARRETT T JEDLICKA**  
Full Name (Last, First, Middle Initial)

Mailing Address 13852 BIRCHWOOD AVE

City ROSEMOUNT	State MN	Zip Code 55068
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Traffic/Workforce
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2552963328018**

Amount of Each Receipt this Period  

120.00
--------

P/R Deduction (\$40.00 Bi-Weekly)

**C. BENJAMIN T KEHL**  
Full Name (Last, First, Middle Initial)

Mailing Address 19619 CALUMET COURT

City FARMINGTON	State MN	Zip Code 55024
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir General Management
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2552963528018**

Amount of Each Receipt this Period  

120.00
--------

P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>357.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. NARASIMHAN KIDAMBI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18477 85TH AVE N  
 City MAPLE GROVE State MN Zip Code 55311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Assoc Dir Business Analysis  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2552963828018**  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B. THOMAS D SCIUTO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 160 ACORN LANE  
 City MILFORD State CT Zip Code 06461  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2552966128018**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. WILLIAM OWEN WILLIAMS II**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12419 BELLINGRATH STREET  
 City CARMEL State IN Zip Code 46032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Golden Rule Insurance Company Occupation Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2552967128018**  
 Amount of Each Receipt this Period 120.00  
 P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	297.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. MONICA L RAYBURN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 688 WEST SYCAMORE  
 City VERNON HILLS State IL Zip Code 60061  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Dir Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2553475128018**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. RICHARD D THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5121 DUPONT AVENUE SOUTH  
 City MINNEAPOLIS State MN Zip Code 55419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP General Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1358.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2553475428018**  
 Amount of Each Receipt this Period 291.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. DENEEN VOJTA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5201 KELLOGG AVENUE  
 City EDINA State MN Zip Code 55424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Initiatives & Clin Aff  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2702.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2553475528018**  
 Amount of Each Receipt this Period 579.00  
 P/R Deduction (\$193.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	987.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 87 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KARSTEN S FLAGSTAD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13420 JAY ST NW  
 City ANDOVER State MN Zip Code 55304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Information Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2554013028018**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**B. DANIEL J CLUTE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6017 N 68TH STREET  
 City OMAHA State NE Zip Code 68104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1358.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2560064428018**  
 Amount of Each Receipt this Period 291.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**C. CRAIG W GAGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 275 BAYSHORE BLVD #1007  
 City TAMPA State FL Zip Code 33606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2560064728018**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	525.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DONALD J GIANCURSIO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 72 MIDNIGHT RIDGE DR  
City LAS VEGAS State NV Zip Code 89135  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Plan of Nevada Occupation Health Plan CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2702.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2560064928018**  
Amount of Each Receipt this Period 579.00  
P/R Deduction (\$193.00 Bi-Weekly)

**B. JERI L JONES**  
Full Name (Last, First, Middle Initial)  
Mailing Address 512 W ORANGEWOOD AVE  
City PHOENIX State AZ Zip Code 85021  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Health Plan CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 546.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2560065128018**  
Amount of Each Receipt this Period 117.00  
P/R Deduction (\$39.00 Bi-Weekly)

**C. SHELDON LIPPMAN**  
Full Name (Last, First, Middle Initial)  
Mailing Address 55 CLIFFFIELD ROAD  
City BEDFORD State NY Zip Code 10506  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Medical Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1358.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2560065428018**  
Amount of Each Receipt this Period 291.00  
P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 987.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 89 OF 116  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. ANGELA L LOBERG**

Mailing Address **2837 EAST PARK PLACE**

City State Zip Code  
**MILWAUKEE WI 53211**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**United HealthCare Services Inc SB VP Sales and Account Mgmt**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1358.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR256006528018**

Amount of Each Receipt this Period  
**291.00**

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. JEFFREY D LUCHT**

Mailing Address **191 MAIN ST**

City State Zip Code  
**S GLASTONBURY CT 06073**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**United HealthCare Services Inc SVP, Actuarial & Underwriting**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1358.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR2560065628018**

Amount of Each Receipt this Period  
**291.00**

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. DAVID MILICH**

Mailing Address **2702 BIRCHMERE COURT**

City State Zip Code  
**KATY TX 77450**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**United HealthCare Services Inc Health Plan CEO**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**546.00**

Date of Receipt  
**06 / 30 / 2012**

**Transaction ID : PR2560066028018**

Amount of Each Receipt this Period  
**117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **699.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DEBRA C COLLINS**  
Full Name (Last, First, Middle Initial)

Mailing Address 3862 CARRIAGE HILL DRIVE

City State Zip Code  
FREDERICK MD 21704

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Dir Network Programs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2012**

**Transaction ID : PR2560398028018**

Amount of Each Receipt this Period  
**45.00**

P/R Deduction (\$15.00 Bi-Weekly)

**B. ROBERT LASSITER**  
Full Name (Last, First, Middle Initial)

Mailing Address 848 N RAINBOW BLVD

City State Zip Code  
LAS VEGAS NV 89107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Solution SIs Exec OptumInsight

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **468.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2012**

**Transaction ID : PR2560398628018**

Amount of Each Receipt this Period  
**39.00**

P/R Deduction (\$39.00 Bi-Weekly)

**C. TIMOTHY J NOEL**  
Full Name (Last, First, Middle Initial)

Mailing Address 4408 THOMAS AVE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
MM / DD / YYYY  
**06 / 30 / 2012**

**Transaction ID : PR2560398828018**

Amount of Each Receipt this Period  
**117.00**

P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>201.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JAMES CRONIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 20700 DELTA DRIVE

City Gaithersburg State MD Zip Code 20882

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc  
Occupation: Health Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt: **06 / 30 / 2012**  
Transaction ID : **PR2560821128018**

Amount of Each Receipt this Period: **115.38**

P/R Deduction (\$38.46 Bi-Weekly)

**B. BRIAN W LUND**  
Full Name (Last, First, Middle Initial)

Mailing Address 464 EAST NORTH AVE

City Grantsburg State WI Zip Code 54840

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc  
Occupation: Mgr Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **296.00**

Date of Receipt: **06 / 30 / 2012**  
Transaction ID : **PR2561457628018**

Amount of Each Receipt this Period: **117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**C. LARRY W CAVANAUGH**  
Full Name (Last, First, Middle Initial)

Mailing Address 520 NE 20TH ST # 1010

City Fort Lauderdale State FL Zip Code 33305

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthCare Services Inc  
Occupation: Spec Ben Govt Dental Sales Mgr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt: **06 / 30 / 2012**  
Transaction ID : **PR2563211028018**

Amount of Each Receipt this Period: **117.00**

P/R Deduction (\$39.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>349.38</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KATHLEEN R CRAMPTON**  
Full Name (Last, First, Middle Initial)

Mailing Address 2335 SOUTH OCEAN BLVD B5

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Plan President
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2563211128018**

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B. JENNIFER F WALSH**  
Full Name (Last, First, Middle Initial)

Mailing Address 3116 4TH STREET NORTH

City ARLINGTON	State VA	Zip Code 22201
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1358.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2564296828018**

Amount of Each Receipt this Period  
291.00

P/R Deduction (\$97.00 Bi-Weekly)

**C. ARTHUR R MILLER**  
Full Name (Last, First, Middle Initial)

Mailing Address 5009 ASHINGTON LANDING DRIVE

City TAMPA	State FL	Zip Code 33647
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP General Management
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2333.38

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

**Transaction ID : PR2564296928018**

Amount of Each Receipt this Period  
500.01

P/R Deduction (\$166.67 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1091.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 93 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ANDREW C MACKENZIE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1912 IRVING AVE S  
 City MINNEAPOLIS State MN Zip Code 55403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Business Segment CMO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2564297128018**  
 Amount of Each Receipt this Period 300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**B. STEPHEN E SWANSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3001 HUNTINGTON COURT  
 City KATY State TX Zip Code 77493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA VP Account Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2564297328018**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. HARVEY J BALTHASER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11417 ARCHSTONE DR  
 City AUSTIN State TX Zip Code 78739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 546.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2564297528018**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 534.00  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 94 OF 116
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. CHRISTOPHER CHARLES CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 12801 OVERLOOK ROAD

City DAYTON State MN Zip Code 55327

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP General Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2564802628018**

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B. PAUL DANIEL HANSEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 18430 62ND PLACE NORTH

City MAPLE GROVE State MN Zip Code 55311

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Controller - Market Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1358.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2564802728018**

Amount of Each Receipt this Period 291.00

P/R Deduction (\$97.00 Bi-Weekly)

**C. ELIZABETH D MORAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 2231 BENT TREE LANE

City MENDOTA HEIGHTS State MN Zip Code 55120

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Chief Complnc/Ethics Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1358.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2564803128018**

Amount of Each Receipt this Period 291.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional).....▶ 642.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 OF 116
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KATHERINE L KENNY**  
Full Name (Last, First, Middle Initial)

Mailing Address 22408 FITZGERALD DRIVE

City LAYTONSVILLE State MD Zip Code 20882

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SB, VP of Account Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2564803228018**

Amount of Each Receipt this Period **117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**B. PAUL O MARDEN**  
Full Name (Last, First, Middle Initial)

Mailing Address 718 HICKORY HILL RD

City FRANKLIN LAKES State NJ Zip Code 07417

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation KA VP Sales and Account Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2564803328018**

Amount of Each Receipt this Period **117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**C. WILLIAM T MCENERY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2012 HUMBOLDT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Business Segment CMO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2564803628018**

Amount of Each Receipt this Period **300.00**

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **534.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)  
**A. TAMMY A O'HARE**

Mailing Address 2420 SAINT GEORGE WAY

City State Zip Code  
BROOKEVILLE MD 20833

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc SB VP Sales and Account Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
546.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2564803928018**

Amount of Each Receipt this Period  
117.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**B. DEBRA J BERNS**

Mailing Address 2553 WASHBURN AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc Sr Deputy General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1358.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2564804028018**

Amount of Each Receipt this Period  
291.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)  
**C. KATHRYN S RUBIN**

Mailing Address 310 SYCAMORE LANE

City State Zip Code  
PLYMOUTH MN 55441

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthCare Services Inc VP Social Resp/Pres Foundation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1358.00

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2564804328018**

Amount of Each Receipt this Period  
291.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 699.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JARROD A FORBES**  
Full Name (Last, First, Middle Initial)

Mailing Address 2121 PARK FOREST DRIVE

City CHESTERFIELD State MO Zip Code 63017

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2564804528018**

Amount of Each Receipt this Period  
**120.00**

P/R Deduction (\$40.00 Bi-Weekly)

**B. ROBERT EDWARD CLARK**  
Full Name (Last, First, Middle Initial)

Mailing Address 3220 XANTHUS LANE NORTH

City PLYMOUTH State MN Zip Code 55447

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Marketing Bus Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **546.00**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2567129628018**

Amount of Each Receipt this Period  
**117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**C. WENDY D ARNONE**  
Full Name (Last, First, Middle Initial)

Mailing Address N62W13531 SUNBRUST DRIVE

City MENOMONEE FALLS State WI Zip Code 53051

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Health Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
06 / 30 / 2012  
**Transaction ID : PR2568900528018**

Amount of Each Receipt this Period  
**150.00**

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **387.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. KENDALL B MARSH**  
Full Name (Last, First, Middle Initial)  
Mailing Address N72 W24078 CRAVEN DR  
City SUSSEX State WI Zip Code 53089  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation SB Dir Account Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **546.00**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR2568900628018**  
Amount of Each Receipt this Period **117.00**  
P/R Deduction (\$39.00 Bi-Weekly)

**B. MATTHEW H STEARNS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5131 MASSACHUSETTS AVENUE  
City BETHESDA State MD Zip Code 20816  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Communications  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **468.00**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR2571777928018**  
Amount of Each Receipt this Period **117.00**  
P/R Deduction (\$39.00 Bi-Weekly)

**C. RICHARD A ELLIOTT**  
Full Name (Last, First, Middle Initial)  
Mailing Address 715 WOODSCAPE TRAIL  
City ALPHARETTA State GA Zip Code 30022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Health Plan CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **429.00**

Date of Receipt **06 / 30 / 2012**  
**Transaction ID : PR2572588828018**  
Amount of Each Receipt this Period **117.00**  
P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **351.00**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. JEFFREY P DEAN**  
Full Name (Last, First, Middle Initial)

Mailing Address W5912 DEAN ROAD

City TOMAHAWK State WI Zip Code 54487

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assoc Dir Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2572589428018**

Amount of Each Receipt this Period **120.00**

P/R Deduction (\$40.00 Bi-Weekly)

**B. KEVIN JAMES CARLSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City EDINA State MN Zip Code 55424

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2572590028018**

Amount of Each Receipt this Period **117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**C. THERESA M CLARKE**  
Full Name (Last, First, Middle Initial)

Mailing Address 16644 GRAND AVE

City BELLFLOWER State CA Zip Code 90706

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assoc Dir Utilization Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt **06 / 30 / 2012**

**Transaction ID : PR2572591128018**

Amount of Each Receipt this Period **117.00**

P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... **354.00**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. THOMAS P WIFFLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1421 SOMERFIELD DRIVE  
City BOLINGBROOK State IL Zip Code 60490  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Health Plan CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 970.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2572992728018**  
Amount of Each Receipt this Period 291.00  
P/R Deduction (\$97.00 Bi-Weekly)

**B. MICHAEL J MCGINNITY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 903 MCINDOE ST  
City WAUSAU State WI Zip Code 54403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation Dir Client Svc Acct Mgt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 351.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2573519028018**  
Amount of Each Receipt this Period 117.00  
P/R Deduction (\$39.00 Bi-Weekly)

**C. JOHN C SICKELS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1706 TALL OAKS  
City WAUSAU State WI Zip Code 54403  
FEC ID number of contributing federal political committee. **C**  
Name of Employer United HealthCare Services Inc Occupation TPA National VP Sales & AM  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 351.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2573519128018**  
Amount of Each Receipt this Period 117.00  
P/R Deduction (\$39.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 116
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. ANITA Q MESSAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16935 41ST AVE N  
 City PLYMOUTH State MN Zip Code 55446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP General Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2573877028018**  
 Amount of Each Receipt this Period 375.00  
 P/R Deduction (\$125.00 Bi-Weekly)

**B. CARY J MCCARTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8800 RUMFIELD RD  
 City NORTH RICHLAND HILLS State TX Zip Code 76182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP General Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 234.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2575059428018**  
 Amount of Each Receipt this Period 117.00  
 P/R Deduction (\$39.00 Bi-Weekly)

**C. SCOTT THOMAS LYDON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 PLOWBOY PATH  
 City COMMACK State NY Zip Code 11725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 364.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2575122228018**  
 Amount of Each Receipt this Period 364.00  
 P/R Deduction (\$364.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	856.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 103 OF 116  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. DANIEL J KENIRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5553 LITTLE FALLS ROAD  
 City ARLINGTON State VA Zip Code 22207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer United HealthCare Services Inc Occupation VP Gov't Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt 06 / 30 / 2012  
**Transaction ID : PR2577379328018**  
 Amount of Each Receipt this Period 291.00  
 P/R Deduction (\$97.00 Bi-Weekly)

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	291.00
<b>TOTAL</b> This Period (last page this line number only).....▶	62402.12

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 104 OF 116  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

**A. Citizens For Altmire**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. Box 1776  
 City Freedom State PA Zip Code 15042  
 FEC ID number of contributing federal political committee. **C** C00413310  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00  
 Date of Receipt 06 / 06 / 2012  
**Transaction ID : 35022265**  
 Amount of Each Receipt this Period 2500.00  
 Refund of contribution

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 Date of Receipt  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 Date of Receipt  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Jeffries For Congress**

Mailing Address 630 Washington Avenue

City Brooklyn State NY Zip Code 11238

Purpose of Disbursement

011

Candidate Name

**Hakeem Jeffries**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	2

**Transaction ID : 34853795**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends Of Jim Clyburn**

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement

011

Candidate Name

**Rep. James E. Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	2

**Transaction ID : 34878713**

Amount of Each Disbursement this Period

2	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Bob Corker For Senate 2012**

Mailing Address 1910 21st Avenue South

City Nashville State TN Zip Code 37212

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Robert P. Corker Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

**Transaction ID : 34957337**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

7	0	0	0	.	0	0
---	---	---	---	---	---	---

7	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Michigan Republican Party**

Mailing Address 520 Seymour Street

City Lansing State MI Zip Code 48933

Purpose of Disbursement Contribution

011

Candidate Name

**Michigan Republican Party**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959044**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. ERICPAC**

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement Contribution

011

Candidate Name

**ERICPAC**

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959045**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of John Barrow**

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement Contribution

011

Candidate Name

**Rep. John J. Barrow**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: GA District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959047**

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Majority Initiative to Keep Electing Republicans Fund A.K.A. Mike R Fund**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement  
Contribution

011

Candidate Name  
Majority Initiative to Keep Electing Republicans Fund A.K.A. Mike R Fund

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

**Transaction ID : 34959049**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. Bob Casey For Senate Inc**

Mailing Address 30 South 15th Street, Suite 400

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Sen. Robert P. Casey Jr.**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

**Transaction ID : 34959051**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. Manchin For West Virginia**

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Sen. Joe Manchin III**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2012  Primary  General  Other (specify) ▼

State: WV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

**Transaction ID : 34959052**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Kind for Congress Committee**

Mailing Address 205 5th Avenue South

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Ron Kind**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WI District: 33

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959053**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Tim Walz For US Congress**

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Timothy J. Walz**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MN District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959054**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Kelly PAC**

Mailing Address 901 N Washington Street, Suite 102

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kelly PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959055**

Amount of Each Disbursement this Period

1000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Mike McIntyre For Congress**

Mailing Address PO Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Mike McIntyre**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NC District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959056**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Tenn Political Action Committee Inc (TENNPAC)**

Mailing Address 228 South Washington Street, Suite

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Candidate Name

**Tenn Political Action Committee Inc (TENNPAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959057**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. ORRINPAC**

Mailing Address PO Box 900427

City Sandy State UT Zip Code 84090

Purpose of Disbursement  
Contribution

011

Candidate Name

**ORRINPAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959058**

Amount of Each Disbursement this Period

5000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

9500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Walberg For Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Timothy L. Walberg**

Office Sought:  House  
 Senate  
 President  
State: MI District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959059**

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Walberg For Congress**

Mailing Address PO Box 1362

City Jackson State MI Zip Code 49204

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Timothy L. Walberg**

Office Sought:  House  
 Senate  
 President  
State: MI District: 07

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959062**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Team Emerson For Jo Ann Emerson**

Mailing Address PO Box 822  
400 Broadway, Suite 501

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement  
Contribution

Candidate Name

**Rep. Jo Ann Emerson**

Office Sought:  House  
 Senate  
 President  
State: MO District: 08

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959067**

Amount of Each Disbursement this Period

1500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends Of Jeb Hensarling**

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Jeb Hensarling**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TX District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

**Transaction ID : 34959070**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**B. Dave Camp For Congress**

Mailing Address 5915 Eastman Avenue, Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. David Lee Camp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MI District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

**Transaction ID : 34959081**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

**C. John Carney For Congress**

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John Charles Carney Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: DE District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

**Transaction ID : 34959086**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Freedom Fund**

Mailing Address 701 8th Street NW, Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Contribution

011

Candidate Name

**Freedom Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959093**

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Brian Bilbray For Congress**

Mailing Address 970 Seacoast Drive, # 7

City Imperial Beach State CA Zip Code 91932

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Brian Phillip Bilbray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959096**

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Ben Chandler For Congress**

Mailing Address PO Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Benjamin Chandler**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959144**

Amount of Each Disbursement this Period

2000.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

8500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Forward Together PAC**

Mailing Address 201 North Union Street, Suite 300

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contribution

011

Candidate Name

**Forward Together PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959148**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Gillibrand For Senate**

Mailing Address 236 Massachusetts Ave NE, Suite 11

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Kirsten Gillibrand**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NY District: 20

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959151**

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

**C. Friends of Max Baucus**

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sen. Max Baucus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
06 / 20 / 2012

**Transaction ID : 34959164**

Amount of Each Disbursement this Period

2500.00

Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. John Sullivan For Congress Inc**

Mailing Address PO Box 470840

City State Zip Code  
Tulsa OK 74147

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. John Sullivan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OK District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 20 / 2012

**Transaction ID : 34959165**

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2000.00

72000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Jeff McClain**

Mailing Address 428 South Sandusky

City Upper Sandusky State OH Zip Code 43351

Purpose of Disbursement  
Jeffrey McClain, STATE HOUSE 87th OH

Candidate Name

**OH Rep. Jeffrey McClain**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 87

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	2

**Transaction ID : 34969195**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Jeffrey McClain, STATE HOUSE 87th OH

Full Name (Last, First, Middle Initial)

**B. Batchelder for Representative Committee**

Mailing Address 4086 Irvine Oval

City Medina State OH Zip Code 44256

Purpose of Disbursement  
William Batchelder, STATE HOUSE 69th OH

Candidate Name

**OH Rep. William Batchelder**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OH District: 69

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	2

**Transaction ID : 34969201**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

William Batchelder, STATE HOUSE 69th OH

Full Name (Last, First, Middle Initial)

**C. Citizens for Kevin Bacon**

Mailing Address 5325 Ponderosa Drive

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
Kevin Bacon, STATE SENATE 3rd OH

Candidate Name

**OH Rep. Kevin Bacon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	1	2

**Transaction ID : 34969206**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Kevin Bacon, STATE SENATE 3rd OH

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Citizens for Hottinger**

Mailing Address 2135 Horns Hill Road

City Newark State OH Zip Code 43055

Purpose of Disbursement  
Jay Hottinger, STATE HOUSE 71st OH

Candidate Name  
**OH Rep. Jay Hottinger**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District: 71

Date of Disbursement

/  /

**Transaction ID : 34969210**

Amount of Each Disbursement this Period

Jay Hottinger, STATE HOUSE 71st OH

Full Name (Last, First, Middle Initial)

**B. Friends of Faber**

Mailing Address 7706 State Route 703

City Celina State OH Zip Code 45822

Purpose of Disbursement  
Keith Faber, STATE SENATE 12th OH

Candidate Name  
**OH Sen. Keith Faber**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: OH District:

Date of Disbursement

/  /

**Transaction ID : 34969211**

Amount of Each Disbursement this Period

Keith Faber, STATE SENATE 12th OH

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶